

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.2			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	8		*****	2	2			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	71	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	47	47		*****	12	12			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	252	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.15			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	25.35			Monthly	COMP-8
00640 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	.465	.895		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	10	24			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.5			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	8		*****	2	2			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	83	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.7			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	24	24		*****	6	6			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	190	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.18			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.42			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.47	.77		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	35			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.7			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18	18		*****	3	3			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	87	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.5			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	54	54		*****	9	9			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	220	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.88			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.57			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.726	1.87		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	54	219			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.8			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	12		*****	3	3			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	94	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16	16		*****	4	4			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	174	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.35			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24.95			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.492	1.045		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	19			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH



## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.1			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	8		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	156	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	23	23		*****	12	12			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	156	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.17			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21.37			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.228	.495		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	39			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.9			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20	20		*****	3	3			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	167	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	93	93		*****	14	14			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	142	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.12			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19.62			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.796	2.164		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	29	67			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GRANGEVILLE, CITY OF  
**ADDRESS:** 225 WEST NORTH STREET  
 GRANGEVILLE, ID 83530

**FACILITY:** GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

**LOCATION:** 174 AIRPORT ROAD  
 GRANGEVILLE, ID 83530

**ATTN:** JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2011	04/30/2011

**DMR Mailing ZIP CODE:** 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	7.9			Weekdays	GRAB
00300 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	11	11		*****	2	2			Monthly	COMP-8
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	101	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.9	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	32	32		*****	6	6			Monthly	COMP-8
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	182	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	.34			Monthly	COMP-8
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.04			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.649	1.3		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	8			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	34	34		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	130	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	161	161		*****	19	19			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	228	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.31			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.51			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.013	2.293		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	41			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.2			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32	32		*****	5	5			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	131	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.8			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	116	116		*****	18	18			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	232	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.93			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.51			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.773	3		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	45			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.1			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4	4		*****	2	2			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	181	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	39	39		*****	18	18			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	138	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GRANGEVILLE, CITY OF  
**ADDRESS:** 225 WEST NORTH STREET  
 GRANGEVILLE, ID 83530

**FACILITY:** GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

**LOCATION:** 174 AIRPORT ROAD  
 GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24.3			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11	*****		*****	5.13	*****			Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.259	.832		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	117	219			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

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GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.2			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	6		*****	2	2			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	60	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.8			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	66	66		*****	21	21			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	310	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GRANGEVILLE, CITY OF  
**ADDRESS:** 225 WEST NORTH STREET  
 GRANGEVILLE, ID 83530

**FACILITY:** GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

**LOCATION:** 174 AIRPORT ROAD  
 GRANGEVILLE, ID 83530

**ATTN:** JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2011	08/31/2011

**DMR Mailing ZIP CODE:** 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	14.8			Monthly	COMP-8
00640 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	8.4	*****		*****	2.68	*****			Monthly	COMP-8
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	.378	.57		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	10	36			Six Per Month	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.7	11.7		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	110	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	40.9	40.9		*****	14	14			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	360	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.1			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.25			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8.1	*****		*****	2.78	*****		1	Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.35	.465		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.6	17			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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10/01/2011	10/31/2011

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(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42	42		*****	10	10			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	182	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	8.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	29	29		*****	7	7			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	242	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.9			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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DMR Mailing ZIP CODE: 83530

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(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.999			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.498	.995		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	94	435			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 225 WEST NORTH STREET  
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FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22	22		*****	3	3			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	140	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	8.8			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15	15		*****	2	2			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	240	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.01			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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THREEMILE CREEK

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24.41			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.899	1.195		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	56	93			Six Per Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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(SUBR 04)

THREEMILE CREEK

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.7			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	31	31		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	291	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.9			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	46	46		*****	6	6			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	474	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.16			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25.36			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.926	1.1		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	51	162			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.9			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8	8		*****	2	2			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	177	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	80	80		*****	20	20			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	190	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.16			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	21.16			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.479	.91		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	27	67			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.5			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10	10		*****	3	3			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	123	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.6			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	13	13		*****	4	4			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	168	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.31			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25.41			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.402	.824		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	7			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.6			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	37		*****	3	3			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	80	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	8.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	87	87		*****	7	7			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	78	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.15			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24.45			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.489	3.095		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	16			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.3			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	37		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	128	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.9			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	46	46		*****	5	5			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	130	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.24			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GRANGEVILLE, CITY OF  
**ADDRESS:** 225 WEST NORTH STREET  
 GRANGEVILLE, ID 83530

**FACILITY:** GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

**LOCATION:** 174 AIRPORT ROAD  
 GRANGEVILLE, ID 83530

**ATTN:** JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2012	04/30/2012

**DMR Mailing ZIP CODE:** 83530

MINOR \$  
 (SUBR 04)  
 THREEMILE CREEK  
 External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	10.22			Monthly	COMP-8
00640 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	1.097	2.143		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	32	91			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.2			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20	20		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	120	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	8.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15	15		*****	3	3			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	186	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.16			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.26			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.606	1.03		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	17			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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				MM/DD/YYYY

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.9			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	15		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	131	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.8			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8	8		*****	2	2			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	66	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.99			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.89			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.459	1.44		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	33			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.6			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12	12		*****	4	4			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	132	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.9			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	21	21		*****	7	7			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	178	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.62			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2012	07/31/2012

**DMR Mailing ZIP CODE:** 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	28.12			Monthly	COMP-8
00640 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	12.6	*****		*****	4.24	*****		2	Monthly	COMP-8
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	.356	.474		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	21	77			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GRANGEVILLE, CITY OF  
**ADDRESS:** 225 WEST NORTH STREET  
 GRANGEVILLE, ID 83530

**FACILITY:** GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

**LOCATION:** 174 AIRPORT ROAD  
 GRANGEVILLE, ID 83530

**ATTN:** JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2012	08/31/2012

**DMR Mailing ZIP CODE:** 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	6.2			Weekdays	GRAB
00300 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	30	30		*****	10.5	10.5			Monthly	COMP-8
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	223	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.9	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	14	14		*****	5	5			Monthly	COMP-8
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	182	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	.19			Monthly	COMP-8
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GRANGEVILLE, CITY OF  
**ADDRESS:** 225 WEST NORTH STREET  
 GRANGEVILLE, ID 83530

**FACILITY:** GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

**LOCATION:** 174 AIRPORT ROAD  
 GRANGEVILLE, ID 83530

**ATTN:** JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2012	08/31/2012

**DMR Mailing ZIP CODE:** 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	26.2			Monthly	COMP-8
00640 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	12.3	*****		*****	4.25	*****		2	Monthly	COMP-8
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	.382	.586		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	.04	.93		*****	.012	.26		2	Weekdays	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	8	26			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	97	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.8			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7	7		*****	2	2			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	211	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	40	69		*****	12	21			Three Per Month	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	297	*****			Twice Per Month	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.57			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GRANGEVILLE, CITY OF  
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**LOCATION:** 174 AIRPORT ROAD  
 GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25.8			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	11	*****		*****	3.19	*****		2	Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.403	.456		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.2	2.36		*****	.06	.67		2	Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7	mg/L		Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	19	19	lb/d	*****	5	5	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	210	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.1	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	23	23	lb/d	*****	6	6	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	265	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.28	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820		11/13/2012	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29.6	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.501	.76	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.083	.266	lb/d	*****	.02	.08	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	5	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Russell Fleming		TELEPHONE	DATE
Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820	11/13/2012
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
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ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.57	mg/L		5 Days Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	28	28	lb/d	*****	3.6	3.6	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	171	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.1	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	108	108	lb/d	*****	14	14	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	224	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.469	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Russell Fleming		TELEPHONE		DATE	
Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820		12/05/2012	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The one exception for Chlorine, Total Residual is from a missed sample. Reference 24 hour notice of non-compliance letter sent regarding November 12, 2012.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19.8	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.629	1.025	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.097	.227	lb/d	*****	.02	.04	mg/L	1	5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Russell Fleming		TELEPHONE	DATE
Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820	12/05/2012
TYPED OR PRINTED				AREA Code	NUMBER

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The one exception for Chlorine, Total Residual is from a missed sample. Reference 24 hour notice of non-compliance letter sent regarding November 12, 2012.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.74	mg/L		Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	6	lb/d	*****	1	1	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	207	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	17	17	lb/d	*****	3	3	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	302	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0688	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820		01/04/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.86	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.519	1.025	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.12	.357	lb/d	*****	.03	.09	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	151	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820	01/04/2013
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.93	mg/L		Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	11	lb/d	*****	3	3	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	185	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	197	264	lb/d	*****	16	20	mg/L		Four Per Month	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	231	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0588	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820		02/04/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.96	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.703	2.019	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.09	.19	lb/d	*****	.02	.04	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.79	488.4	#/100mL		7 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820	02/04/2013
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.52	mg/L		Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22	22	lb/d	*****	3	3	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	133	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.44	*****	7.23	SU	1	Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	52	52	lb/d	*****	7	7	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	130	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.131	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820		03/04/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PH value dropped below 6.5 due to Phosphorus Filter Startup. Sample was taken 30 min later and found to be 6.89. Adjustment was needed on the Caustic dosage.

## DISCHARGE MONITORING REPORT (DMR)

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FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

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ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.11	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.664	1.37	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.055	.225	lb/d	*****	.01	.03	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.7	166	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Russell Fleming		TELEPHONE	DATE
Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820	03/04/2013
TYPED OR PRINTED				AREA Code	NUMBER

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PH value dropped below 6.5 due to Phosphorus Filter Startup. Sample was taken 30 min later and found to be 6.89. Adjustment was needed on the Caustic dosage.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.74	mg/L		Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16	16	lb/d	*****	3	3	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	115	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	16	16	lb/d	*****	3	3	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	101	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.28	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Russell Fleming		TELEPHONE		DATE	
Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820		04/02/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was a 24 Hour Notice of Non Compliance letter sent regarding the E-Coli Instantaneous maximum violation. The date of the letter was 3/20/2013. It was due to an overnight chlorine issue.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.9	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.68	1.003	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.035	.084	lb/d	*****	.01	.01	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	2420	#/100mL	1	5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Russell Fleming		TELEPHONE	DATE
Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820	04/02/2013
TYPED OR PRINTED				AREA Code	NUMBER

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was a 24 Hour Notice of Non Compliance letter sent regarding the E-Coli Instantaneous maximum violation. The date of the letter was 3/20/2013. It was due to an overnight chlorine issue.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.73	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11	11	lb/d	*****	3	3	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	225	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.75	*****	7.08	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	14	14	lb/d	*****	4	4	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	170	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.13	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820		05/03/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For E. Coli violations reference 24 Hour Noncompliance Letter written on 4-11-2013. This occurrence resulted in 2 consecutive days over the 576/100ml instantaneous maximum limit.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.12	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.531	1.099	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.059	.191	lb/d	*****	.015	.05	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.6	727	#/100mL	2	7 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Russell Fleming		TELEPHONE		DATE	
Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820		05/03/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For E. Coli violations reference 24 Hour Noncompliance Letter written on 4-11-2013. This occurrence resulted in 2 consecutive days over the 576/100ml instantaneous maximum limit.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.18	mg/L		Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3	3	lb/d	*****	1	1	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	199	*****	mg/L		Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.65	*****	7.12	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6	6	lb/d	*****	2	2	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	182	*****	mg/L		Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.22	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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Russell Fleming/ Wastewater Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(208)983-0820		06/04/2013	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GRANGEVILLE, CITY OF  
**ADDRESS:** 225 WEST NORTH STREET  
 GRANGEVILLE, ID 83530

**FACILITY:** GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

**LOCATION:** 174 AIRPORT ROAD  
 GRANGEVILLE, ID 83530

**ATTN:** JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2013	05/31/2013

**DMR Mailing ZIP CODE:** 83530

MINOR \$  
 (SUBR 04)  
 THREEMILE CREEK  
 External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	18.12	mg/L		Monthly	COMP-8
00640 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	.49	1.023	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	.07	.171	lb/d	*****	.02	.04	mg/L		5 Days Every Week	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	2	49	#/100mL		5 Times Every Month	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	99	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Russell Fleming		<b>TELEPHONE</b>		<b>DATE</b>	
<b>Russell Fleming/ Wastewater Superintendent</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(208)983-0820		06/04/2013	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.51			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.59	11.59		*****	2.79	2.79			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	212	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.55	*****	7.07			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.31	8.31		*****	2	2			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	190	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.222			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.9			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.579	1.654		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.082	.21		*****	.017	.05			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.51	81.3			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.7	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.9	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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				MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.46			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.17	6.17		*****	1.36	1.36			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	150	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.52	*****	7.03			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	23.1	23.1		*****	5	5			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	231	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0567			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	31.2			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 9	*****		*****	NODI 9	*****				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.542	.609		*****	*****	*****	*****		Daily	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.113	.254		*****	.025	.05			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.99	18.7			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99.1	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.8	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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**LOCATION:** 174 AIRPORT ROAD  
 GRANGEVILLE, ID 83530

**ATTN:** JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2013	08/31/2013

**DMR Mailing ZIP CODE:** 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	6.79			Monthly	GRAB
00300 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	6.39	6.39		*****	1.6	1.6			Monthly	COMP-8
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	104	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.58	*****	7.16			Weekdays	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	65.9	65.9		*****	16.5	16.5			Monthly	COMP-8
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	202	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	0			Monthly	COMP-8
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GRANGEVILLE, CITY OF  
**ADDRESS:** 225 WEST NORTH STREET  
 GRANGEVILLE, ID 83530

**FACILITY:** GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

**LOCATION:** 174 AIRPORT ROAD  
 GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	28.9			Monthly	COMP-8
00640 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	.033	*****		*****	.01	*****			Monthly	COMP-8
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	.564	1.01		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	0	0		*****	0	0			Weekdays	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	4.34	27.5			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	98.5	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	91.8	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.64			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.16	1.16		*****	.32	.32			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	327	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.06	*****	7.55			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	29	29		*****	8	8			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	205	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.227			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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09/01/2013	09/30/2013

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(SUBR 04)

THREEMILE CREEK

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29.5			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.662	*****		*****	.183	*****		2	Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.49 MO AVG	*****	lb/d	*****	.067 MO AVG	*****	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.534	1.482		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	< .45	< .45		*****	< .1	< .1			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.44	49.5			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99.9	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.1	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.98			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	41.1	41.1		*****	14	14			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	366	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.74	*****	7.13			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.1	10.1		*****	3.45	3.45			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	178	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.059			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25.1			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.369	.655		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	< .308	< .546		*****	< .1	< .1			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	30.5	56.5			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.1	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.2	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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				MM/DD/YYYY

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E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.84			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6	6		*****	2.01	2.01			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	230	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.83	*****	7.13			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.46	7.46		*****	2.5	2.5			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	224	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.07			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
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ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.8			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.349	.631		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	< .291	< .526		*****	< .1	< .1			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	98.9	388			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98.9	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99.1	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.07			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.35	1.35		*****	.53	.53			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	129	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.01	*****	7.65			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	24.2	24.2		*****	9.5	9.5			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	196	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.08			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.17			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.463	.999		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	< .386	< .834		*****	< .1	< .1			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.2	116				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	99.6	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95.2	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
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ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.09			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.4	18.4		*****	6.91	6.91			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	263	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.34			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	18.6	18.6		*****	7	7			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	253	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.658			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E.COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.91			Monthly	COMP-8
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.361	.596		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	< .301	< .497		*****	< .1	< .1			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	54	153			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.4	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97.2	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: GRANGEVILLE, CITY OF

ADDRESS: 225 WEST NORTH STREET  
GRANGEVILLE, ID 83530

FACILITY: GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

LOCATION: 174 AIRPORT ROAD  
GRANGEVILLE, ID 83530

ATTN: JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83530

MINOR \$

(SUBR 04)

THREEMILE CREEK

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.28			Weekdays	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MIN	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.5	12.5		*****	3.88	3.88			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	194	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.72	*****	7.8			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	27.4	27.4		*****	8.5	8.5			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MO AVG	330 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	165	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.053			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** GRANGEVILLE, CITY OF  
**ADDRESS:** 225 WEST NORTH STREET  
 GRANGEVILLE, ID 83530

**FACILITY:** GRANGEVILLE, CITY OF - GRANGEVILLE WWTP

**LOCATION:** 174 AIRPORT ROAD  
 GRANGEVILLE, ID 83530

**ATTN:** JEFF MCFREDERICK, DIRECTOR

ID0020036	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
02/01/2014	02/28/2014

**DMR Mailing ZIP CODE:** 83530

MINOR \$  
 (SUBR 04)  
 THREEMILE CREEK  
 External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, inorganic total	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	21.3			Monthly	COMP-8
00640 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	.865	4.972		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	< .721	< 4.15		*****	< .1	< .1			Weekdays	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.066 MO AVG	.13 DAILY MX	lb/d	*****	.007 MO AVG	.018 DAILY MX	mg/L		5 Days Every Week	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	10.6	35.9			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEO	576 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	98	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	94.8	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

E. COLI = FIVE SAMPLES COLLECTED EVERY 3-5 DAYS WITHIN A CALENDAR MONTH